

TRICARE SOUTH CONGRESSIONAL AWARENESS INITIATIVE

SEPTEMBER 2, 2010



Today's Agenda

- Welcome
- Regional Update
- Behavioral Health Initiatives
- Prime Travel Program
- RC Programs and Line of Duty
- Closing Comments
- Q&A



South Region - Who We Are



- **3.0 million beneficiaries**

- 1.6 million TRICARE Prime enrollees
- Remainder
 - TRICARE Standard/Extra PLUS
 - TRICARE for Life
 - TRICARE Reserve Select



- **Military Treatment Facilities (MTFs)**

- 14 Hospitals & Medical Centers
- 67 Health Clinics

- **Network providers**

- 100,296 providers (Physicians, BH, Hospitals)

Data Source: MHS M2 DEERS Eligible Beneficiaries \Reporting Month: May FY10

A Week in the Life of TRICARE South

- 7,870 inpatient admissions
 - 1,311 direct care
 - 6,559 purchased care
- 575,426 outpatient visits
 - 215,038 direct care
 - 360,338 purchased care
- 51,015 behavioral health outpatient services
 - 12,396 direct care
 - 38,619 purchased
- 974,834 prescriptions
 - 313,184 direct care
 - 578,750 retail pharmacies
 - 83,000 mail order
- 651 births
 - 210 direct care
 - 441 purchased care

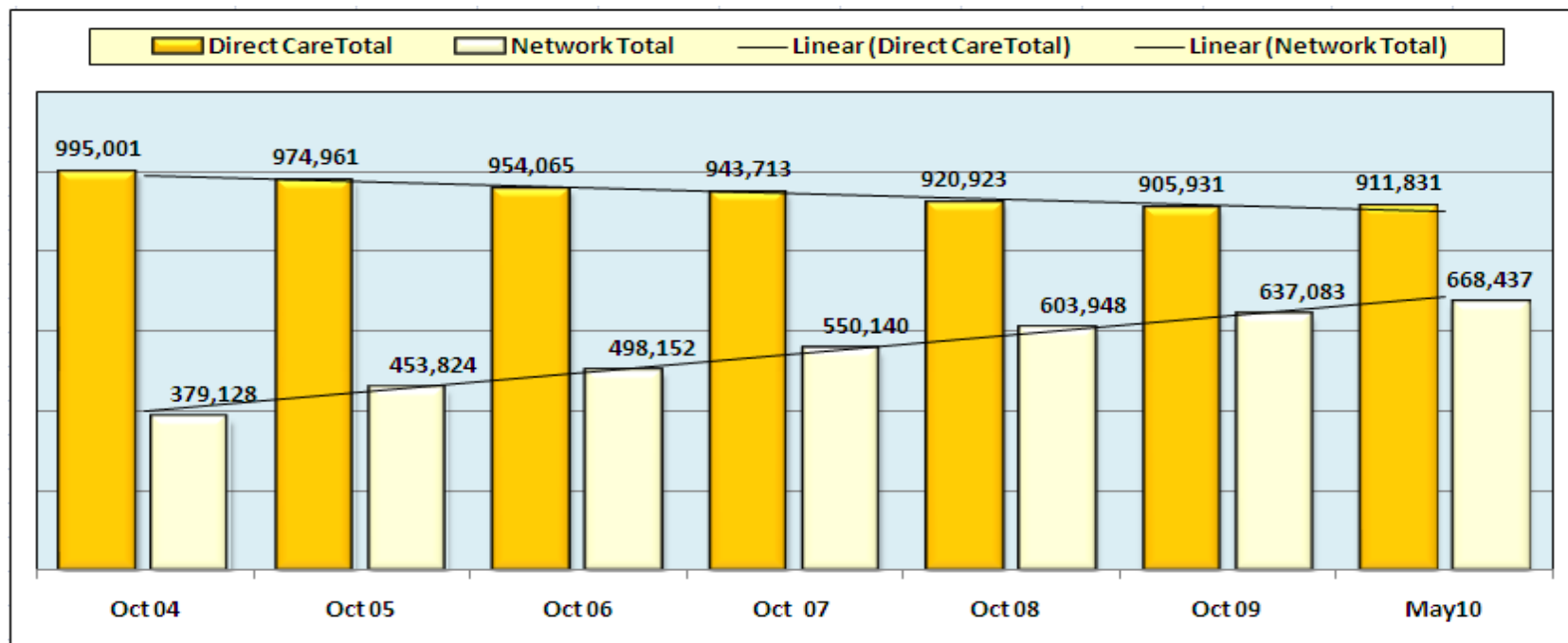


FY09 M2 Data (pulled May 2010)

Enrollment



South Region: Network and MTF Enrollment



Beneficiary Categories Excluded: TRICARE Plus = 40,670, USTF = 11,205

TRICARE Region South	Oct 04	Oct 05	Oct 06	Oct 07	Oct 08	Oct 09	May 10	Change from Oct 2009	% Change from Oct 2009	Change from Oct 2004	% Change from Oct 2004
Direct Care Total	995,001	974,961	954,065	943,713	920,923	905,931	911,831	5,900	0.7%	-83,170	-8.4%
Network	339,151	410,712	454,414	504,033	554,057	582,368	612,290	29,922	5.1%	273,139	80.5%
Network (TPR)	39,977	43,112	43,738	46,107	49,891	54,715	56,147	1,432	2.6%	16,170	40.4%
Network Total	379,128	453,824	498,152	550,140	603,948	637,083	668,437	31,354	4.9%	289,309	76.3%
Region Total	1,374,129	1,428,785	1,452,217	1,493,853	1,524,871	1,543,014	1,580,268	37,254	2.4%	206,139	15.0%

Data Source: MHS M2 DEERS Enrollment, Reporting Month: May 2010

Take-Aways

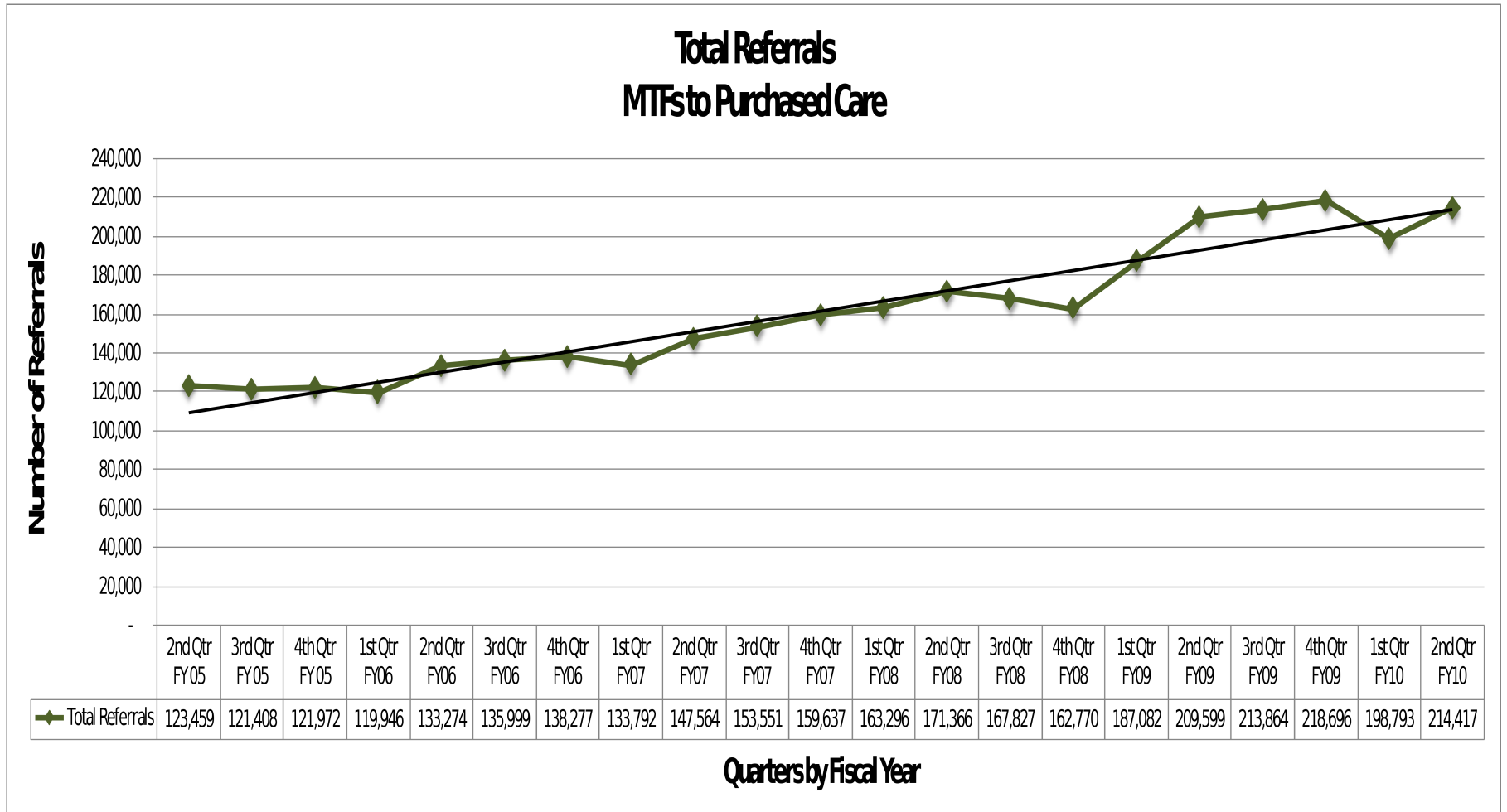
- Summary
 - TRO-South enrollment shifts over the last 5 years:
 - 76% increase in Network enrollments
 - 8% decrease in MTF enrollments
 - 15% overall increase in total enrollments
 - Network has more Prime enrollees than any service
 - About half of our regional beneficiaries remain TRICARE Standard or other program



Referrals



Total Referrals



Includes all referrals received by the MCSC from MTFs including Non-Approved

Referral Analysis-South Region

MTF to Purchased Care Approved Referrals Jan 10 - Mar 10

Type of Service	Total Referrals	Referral With a Claim	Avg # Days to Appt.	No Claim	% No Claim	Retro Referral	% Retro Referral
Behavioral Health	7838	3393	25.1	4206	54%	239	3%
AD	3208	1808	23.5	1205	38%	195	6%
Dermatology	7858	5937	28.2	1785	23%	136	2%
AD	1984	1493	21.1	431	22%	60	3%
Ear, Nose, and Throat	7964	5920	22.3	1831	23%	213	3%
AD	2205	1589	18.5	510	23%	106	5%
Internal Medicine Subspecialty	34561	24190	28.2	9038	26%	1333	4%
AD	8927	6704	22.9	1804	20%	419	5%
Obstetrics	4049	2976	20.6	951	23%	122	3%
AD	959	705	18.7	221	23%	33	3%
Ophthalmology	5176	3721	25.6	1144	22%	311	6%
AD	809	589	15.8	156	19%	64	8%
Orthopedics	16377	12763	18.2	3000	18%	614	4%
AD	6625	5277	15.2	980	15%	368	6%
Other- Ancillary Support	10680	7103	14.5	2798	26%	779	7%
AD	7964	5510	12.6	1886	24%	568	7%
Other- Medical	20741	14188	17.2	5505	27%	1048	5%
AD	6251	4538	15.3	1400	22%	313	5%
Primary Care	33510	8421	1.5	3639	11%	21450	64%
AD	3947	1169	3.3	394	10%	2384	60%
Radiology	14324	11577	7.3	2180	15%	567	4%
AD	8813	7278	6.5	1136	13%	399	5%
Surgery	3633	2617	16.6	823	23%	193	5%
AD	1042	798	13.9	183	18%	61	6%
Surgical Subspecialty	16004	11507	24.8	3847	24%	650	4%
AD	4788	3587	21.7	961	20%	240	5%
Grand Total/Average	182715	114313	19.5	40747	22%	1928	1%

Data: Jan 10- Mar 10 from MCSCs Referral Reconciliation System, mined on 1-Jul-2010

Avg #Days Auth-to-Svc is the average number of days from MCSC authorizing care to first date of service per claims- significant impact by bene choice.

Excludes ER, In-Pat., and repeat referrals for same services

Take-Aways

- Summary
 - Network ATC generally good
 - 40~% of MTF Enrollee Out-Pt care happens in network
 - 57~% of MTF Enrollee In-Pt care happens in network
 - Network reflects communities' medical capabilities and are influenced by 3 factors
 - **Comm. Size** - Less than 300,000 population tends to have limited sub-specialties - especially pediatric
 - **Volume** of care requested per specialty
 - **Distance** from beneficiary to network provider
 - 73% of MTFs in the region have retro and/or "pop-off" (overflow/after hours urgent care agreements to network urgent care facilities) arrangements
 - High Percentage of MTF enrollees referred to Network for Primary Care and for uncomplicated Medical Care like Derm, GI, and Peds, thus taxing an already fragile network in these specialties



So...What Are Our Beneficiaries Telling Us



National Survey Results of Outpatient Perspectives on American Health Care

- Patient Satisfaction with outpatient health care is improving
 - High satisfaction with tests, treatment, and overall care
 - Less satisfied with facilities and registration process
 - 18-34 year olds most likely to be dissatisfied
- Factors influencing patient satisfaction
 - Respect, sensitivity and teamwork
 - Ability of staff to respond effectively to patient concerns
 - Short wait time in clinic improves satisfaction
 - Early appointment time – happier patients

**Patient
Perspectives
on American
Health Care.
2009 Press
Ganey Rpt**



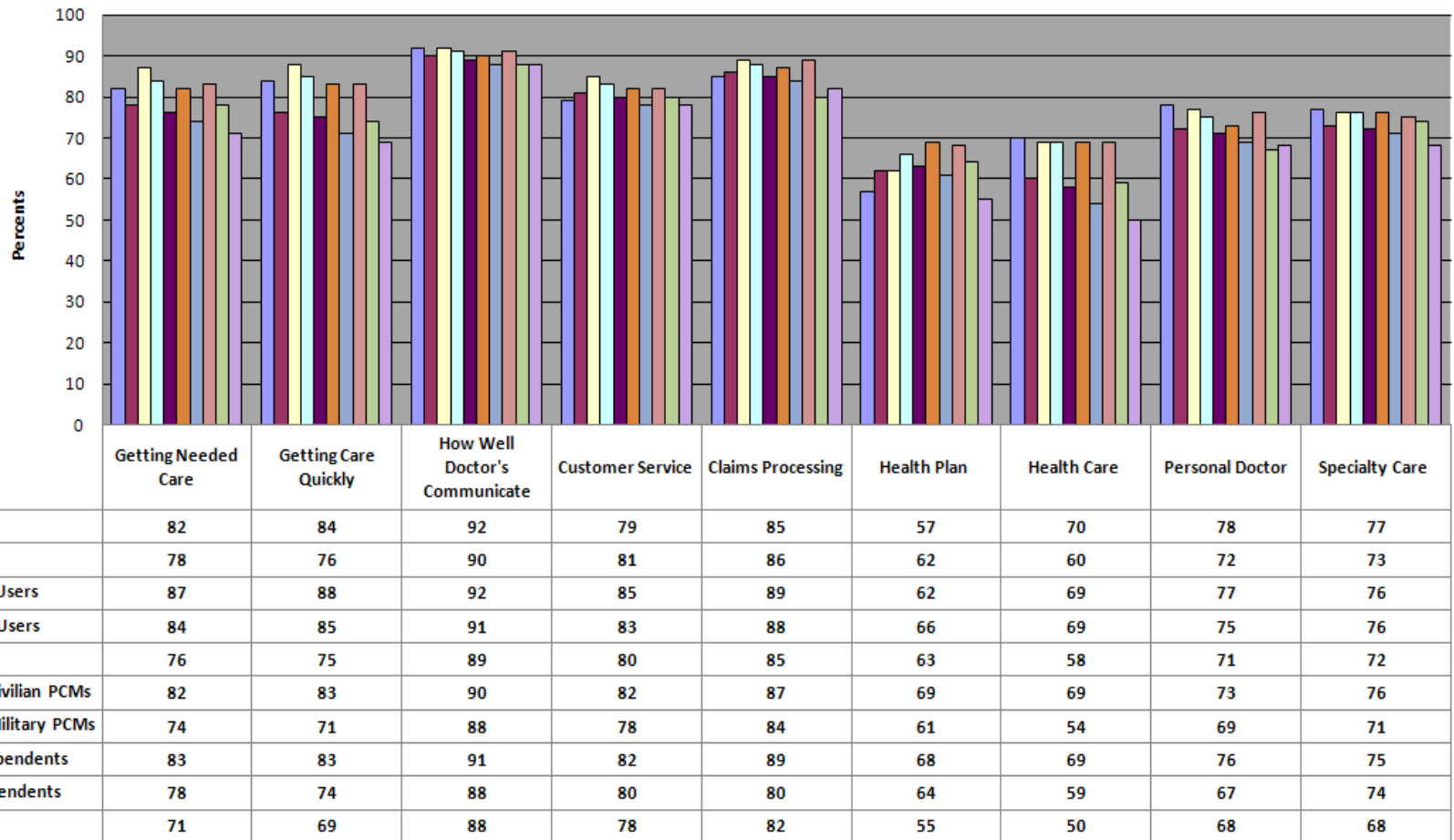
What We Know: From our Beneficiaries

- MHS-wide outpatient satisfaction scores increased from 08 to 09
- MHS satisfaction significantly higher than civilian benchmarks for all CAHPS Composites
- Direct care beneficiaries less satisfied than network beneficiaries
- Active Duty least satisfied
- Retirees and family members 65+ are most satisfied
- TRICARE Standard/TRS beneficiaries are more satisfied than TRICARE Prime



What Our Beneficiaries Are Telling Us

South Region FY09 Healthcare Survey of DOD Beneficiaries Results



Source: Healthcare Survey of DoD Beneficiaries

Take-Aways

- Summary
 - South Region
 - Standard and Extra beneficiaries are the most satisfied group
 - Retirees and their dependents are the most satisfied beneficiary category
 - Active Duty are the least satisfied beneficiary category
- Way Ahead
 - Target marketing efforts in low satisfaction areas to providers and beneficiaries to improve provider/beneficiary relationships
 - Continue to monitor survey results to identify areas of low satisfaction



Transition to T-3



South Transition Events Timeline: T3

- Protests in the South upheld by GAO (Nov 2009)
- TMA response to GAO due in 60 days (~Jan 2010)
- Execute TMA response (May 2009)
 - South: Amended RFP
 - Proposals due end of July 2010
- 10-month transition mandated by law
- Option Period 8 (T-NEX) executed for Oct 2010 to Mar 2011
 - Additional extension now being evaluated
- Likely start of health care delivery: Regions begin at different times in 2011

Meanwhile, the current contract and contractors continue to perform.



Questions



TRICARE South Behavioral Health



TRICARE South Behavioral Health

- **ValueOptions is a subcontractor to Humana Military in the TRICARE South Region**
- **ValueOptions has been serving the Federal government through the administration of behavioral health care benefits for nearly two decades**
- **Our goal is to provide high quality, accessible and cost-effective mental health and substance abuse benefits under the TRICARE program**



TRICARE South Behavioral Health

Beneficiaries, providers and others can contact the TRICARE South Behavioral Health team for information regarding:

- **Benefits and Eligibility**
- **Provider Locating Services**
- **Authorization Requests**

Representatives are available Monday-Friday 8:00 AM-7:00 PM, excluding Federal Holidays (with the exception of the TRIAP and Smoking Cessation Programs which are 24/7/365 including holidays) toll-free at:

- **1-800-700-8646**
- **1-800-444-5445 (select Mental Health prompt)**
- **1-877-298-3514 (Behavioral Health Appointment Assistance)**
- **1-877-414-9949 (Smoking Cessation)**





TRICARE South Behavioral Health Resources

Behavioral Health resources and provider locator services are available on the Humana Military website at:

- www.humana-military.com

The Behavioral Health portal contains web resources, articles and tip sheets related to a variety of behavioral health issues, such as:

- PTSD
- TBI
- Bipolar Disorder
- ADHD

A Suicide Awareness segment is available highlighting articles, tip sheets, suicide prevention programs and education. The section contains 2 videos related to Suicide Awareness with access to a 24/7 behavioral health clinician for users who maybe feeling suicidal



Non-TRICARE Behavioral Health Resources

There are several Behavioral Health Resources and Programs available to military members and families that are not a part of TRICARE.

Three such programs are:

- www.afterdeployment.org or 1-866-966-1020: a mental wellness resource for Service Members, Veterans, and Military Families designed to assist in managing after deployment concerns**
- www.militarymentalhealth.org or 1-877-877-3647: free online and telephonic self-assessments. The assessments are voluntary and anonymous**
- www.militaryonesource.com or 1-800-342-9647: both an online and telephonic resource, with representatives available 24/7, to assist military members and their families with a variety of issues**



Behavioral Health Provider Locator and Appointment Assistance (BHPLAA) Line

Toll-free number staffed with a team of dedicated agents:

- **1-877-298-3514**
- **Monday-Friday 8:00 AM-7:00 PM, excluding Federal holidays**

Calendar Year 2009:

- **Assisted over 1,100 callers in locating a behavioral health provider**
- **Assisted in making over 750 behavioral health appointments**
- **Responded to over 3,000 inquiries**



Behavioral Health Provider Locator and Appointment Assistance

Eligible for the BHPLAA Service:



- **Active Duty Service Members (with a MTF or SPOC referral)**
- **Prime enrolled Active Duty Family Members**

Refer all other beneficiary types to the Behavioral Health Beneficiary Services line at 1-800-700-8646 for assistance in locating a provider

Offered two service options:

- **Alternative One- provide caller with contact information of behavioral health providers in the caller's geographical area**
- **Alternative Two- provide assistance in making an appointment with a behavioral health provider**



Behavioral Health Provider Locator and Appointment Assistance (BHPLAA) Line

Active Duty Service Members:

- **To the extent it is available, ADSM behavioral health care is provided by the MTF or TRICARE Prime Remote PCM**
- **For civilian care, ADSMs must have a referral from a MTF provider, TRICARE Prime Remote PCM or Service Point of Contact (SPOC) in order to obtain assistance from the BHPLAA Service**

Active Duty Family Members:

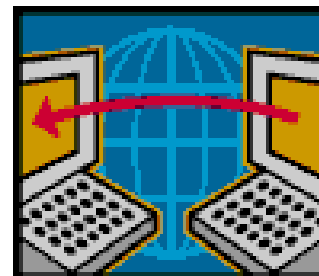
- **ADFM's may self-refer for behavioral health services**
- **Encouraged to keep PCM informed of care outside the PCM's office**

If an ADSM or ADFM indicates he/she has been unsuccessful in obtaining behavioral health care, please refer to this toll-free service for assistance



Web-Based TRICARE Assistance Program (TRIAP) (Implemented 8/1/09)

- **TRIAP provides free 24/7/365 web-based coaching for confidential, short-term, EAP type situations resulting from commonly occurring life circumstances such as:**
 - **Stress management/Crisis intervention**
 - **Crisis intervention**
 - **Family difficulties and pressures**
 - **Relationships and marital issues**
 - **Parent/child communications**
 - **Self-esteem**
- **All services are provided on a one-to-one basis, in the context of a confidential relationship. Licensed counselors are available 24 hours a day/365 days per year**
- **The counselor will determine when further face-to-face MH services are needed and will appropriately refer. (Military One Source (MOS), TRICARE Case Management, TRICARE Network Providers, or MTF/Base Services)**
- **No referral or prior authorization is necessary to access TRIAP services**



Web-Based TRICARE Assistance Program (TRIAP)

- **Eligibility:**
- **TRIAP services are available to the following beneficiaries:**
 - **Active duty service members**
 - **Active duty family members**

Note: Spouses of any age are eligible, however, children must be 18 or older
 - **Selected Reserve members and their family members who are enrolled in TRICARE Reserve Select (TRS)**
 - **Those covered under the Transition Assistance Management Program (TAMP)**



- **All beneficiaries must reside in the Continental United States (CONUS)**



QUESTIONS



Prime Travel Benefit



TRICARE Prime Travel Entitlement Program

- **Authorized under NDAA FY01**
- Reimburses Prime beneficiaries' "reasonable travel expenses" for travel to "non-emergent" specialty care more than 100 miles from PCM's office
 - Limited to specialty referrals when no other specialist (MTF, network or non-network specialists) is available within 100 miles of the PCM's office
 - Only exception is when the beneficiary agrees to a referral to a center of excellence or MTF with the patient's approval
 - Reimbursed up to the government per diem rate



TRICARE Prime Travel Entitlement Program (cont'd)

- Retroactive to 30 Oct 00
- NDAA FY02 authorizes one non-medical attendant to travel w/ non-active duty Prime enrollee
- Retroactive to Dec 01
- NMA does not need to be Prime enrolled
- Adult 21 yrs or older or legal guardian
- Network enrollees are processed by the TRO
- MTF enrollees by the enrolled MTF



Requirements for Prime Travel Benefit

1. A non-Active Duty TRICARE Prime enrollee
2. PCM referral for non-emergent, medically necessary, specialty care
3. The travel is more than 100 miles from their PCM's location/office to the specialty care location. (Per Defense Table of Official Distance (DTOD))



TRICARE Combat-Related Special Compensation Travel Benefit (CRSC)



CRSC Travel Entitlement Program Benefit

- Authorized under NDAA FY08
- Limited to reimbursement for travel-related expenses when they must travel more than 100 miles from their referring provider's location to obtain medically necessary, non-emergency specialty care for a combat-related disability.
- Must meet all of the following criteria:
 1. Receiving retired, retired retainer, or equivalent pay
 2. Have been awarded a CRSC determination letter from Service's CRSC Board identifying the combat-related disability
 3. Reside stateside and be covered under TRICARE Standard or TRICARE For Life



QUESTIONS?



Guard/Reserve TRICARE Early Eligibility



Healthcare Benefits During Pre-Activation



Eligibility

- Determined by Service/Reserve Component
 - Recorded in Defense Enrollment Eligibility Reporting System (DEERS)
 - DEERS is the **key** to unlock all TRICARE benefits
- Register or update information in DEERS
 - Reserve Component member
 - Family members
- Verify eligibility through Guard-Reserve Portal

<https://www.dmdc.osd.mil/Guard-ReservePortal>



Early Eligibility

- Early eligibility for TRICARE-up to 180 days before active duty begins
- Eligibility
 - Reserve component member must:
 - Be called or ordered to active duty for more than 30 consecutive days in support of a contingency operation
 - Receive delayed-effective-date orders
 - Verify eligibility through the Guard/Reserve Portal
- Coverage
 - Full TRICARE coverage including pharmacy
 - Active duty dental benefits
- Family members also eligible during pre-activation period
- Only family members can enroll



Seeking Medical Care

- Family members have the option to enroll in TRICARE Prime during this period.
- The RC member will not enroll in TRICARE until they reach their final deployment location.
- Medical care will be taken care of by a Military Treatment Facility, if the member resides within 50 miles of a Military Installation.
- If the member resides more than one hour from a Military Treatment Facility, care must be sought from TRICARE Network Providers/Humana Military 1-800-444-5445.



Seeking Dental Care

- Service members identified as eligible for the early benefit are not eligible for the Reserve Dental program
- In this early eligibility period, Reserve Component service members' dental care is treated the same as active duty dental care.
- If the member resides less than 50 miles from a Dental Treatment Facility, the service member must contact that Dental Treatment Facility.
- If the service member resides more than 50 miles from a Dental Treatment Facility, the service member must contact United Concordia 1-866-984-2337.



Questions?



Line of Duty Issues



Authority

- Title 32 Code of Federal Regulations Part 199.16 (Supplemental Health Care Program For Active Duty Members)
- TRICARE Operations Manual Chapter 18 (Civilian Care Referred By MHS Facilities)
- Army - AR 600-8-4 is available online at www.usapa.army.mil
- Navy - 32 CFR 728.21
- Air Force - Air Force Instruction 36-2910



Line of Duty

- While on active duty, National Guard and Reserve members are covered for injury, illness or disease incurred or aggravated in the line of duty. This includes injuries sustained when traveling directly to or from the place of duty.
- To receive health care for these injuries or illness after your active duty period is complete, your service must issue a Line of Duty (LOD) determination. This LOD documentation is used to establish, manage, and authorize health care for the specific injury, illness or disease. LOD coverage is separate from any other TRICARE coverage received including:
 - Transitional health benefits provided under the Transitional Assistance Management Program
 - Coverage provided under TRICARE Reserve Select

Note: The Coast Guard refers to a line of duty determination as a Notification of Eligibility (NOE).



Documenting Eligibility and Obtaining Line of Duty Care

- Once your service has issued your LOD, it is your responsibility to ensure the LOD documentation is on file at either a military treatment facility (MTF) or the Military Medical Support Office (MMSO).
 - If you reside within the MTF enrollment area, that MTF will manage your LOD care. Ensure your service-issued LOD is on file at that MTF.
 - If your residence is NOT within the MTF enrollment area, the MMSO will coordinate your care via your unit medical representative.



Line of Duty Care Process

- Member presents to MTF for LOD Care
- MTF verifies eligibility
- MTF treats patient or if care is not available
- MTF defers to network
- Humana Military receives referral from MTF
- Humana Military enters referral into Medical Services Review (MSR) system
- Referral/Authorization for services issued to network provider (notification sent to referring MTF & letter sent to patient)
- Member makes appointment and receives care



Questions

